

**REVISED REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
SOUTH OF MARKET HEALTH CENTER
PROVIDER NUMBER (NPI): FHC11425F (1528143401)**

**FISCAL PERIOD ENDED
MARCH 31, 2009**

**Audit Review and Analysis Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Evie Correa
Audit Supervisor: Emil Guzman
Auditor: Ali Khan**



TOBY DOUGLAS
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

June 28, 2013

Ramon Ferrer
CFO
South of Market Health Center
229 7th Street
San Francisco, CA 94103

In the Matter of:

PROVIDER NAME: SOUTH OF MARKET HEALTH CENTER
PROVIDER NO(S): FHC11425F (1528143401)
FISCAL PERIOD ENDED: MARCH 31, 2009
CASE NO. FQ13-0309-195E-AH

Enclosed is the final settlement in accordance with the report of findings prepared by the Office of Administrative Hearings and Appeals dated May 30, 2013. The settlement of the reconciliation request has been revised per the report and adjustments as follows:

Audited Settlement due State	\$58,895
Revision	(3,131)
Revised Settlement due State	<u>\$55,764</u>

A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments.

The Statement of Account Status with the amount due the State or owed to the Provider (including interest as prescribed by law) will be forwarded to the Provider by the fiscal intermediary. Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

If you have further questions regarding this report you may call the Audit Review and Analysis Section at (916) 650-6696.

Sincerely,

Original Signed By

Evie Correa, Chief
Audit Review and Analysis Section
Financial Audits Branch

Certified

SCHEDULE 1

FQHC/RHC RECONCILIATION

PROVIDER LEGAL NAME: SOUTH OF MARKET HEALTH CENTER	PROVIDER NUMBER (NPI): FHC11425F (1528143401)
FISCAL PERIOD: APRIL 1, 2008 THROUGH MARCH 31, 2009	

PAYMENT/RECOVERY DETERMINATION

	AUDITED			REVISED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	REV. NO.	PERIOD 2	REV. NO.	TOTAL
1. Managed Care Medi-Cal Visits	49	15	64	49		15		64
2. Managed Care Crossover Visits	-	-	-	-		-		-
3. CHDP History Physicals Visits (Non Managed Care)	-	-	-	-		-		-
4. Medi-Cal Crossover Visits (Non Managed Care)	-	-	-	-		-		-
5. Subtotal Visits	49	15	64	49		15		64
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
Total Visits	49	15	64	49		15		64

	AUDITED			REVISED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	REV. NO.	PERIOD 2	REV. NO.	TOTAL
6. Managed Care Plan(s) Payments	\$ 46,817	\$ 15,471	\$ 62,288	\$ 45,337	1	\$ 13,819	2	\$ 59,156
7. Managed Care Medicare Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
8. Medi-Cal (Code 18) Payments	\$ 3,778	\$ 1,178	\$ 4,955	\$ 3,778		\$ 1,178		\$ 4,956
9. CHDP Program Payments (Non Managed Care)	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
10. Medicare Crossover Payments (Non Managed Care)	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
12. Total Payments	\$ 50,595	\$ 16,648	\$ 67,243	\$ 49,115		\$ 14,997		\$ 64,112

	AUDITED RECONCILIATION COMPUTED			REVISED RECONCILIATION COMPUTED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	REV. NO.	PERIOD 2	REV. NO.	TOTAL
13. PPS Rate	\$ 174.28	\$ 177.42		\$ 174.28		\$ 177.42		
14. Total Medi-Cal Visits (From Line 5)	49	15	64	49		15		64
15. PPS Amount (Line 13 x Line 14)	\$ 8,540	\$ 2,661	\$ 11,201	\$ 8,540		\$ 2,661		\$ 11,201
16. Less: Total Payments (From Line 12)	\$ 50,595	\$ 16,648	\$ 67,243	\$ 49,115		\$ 14,997		\$ 64,112
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ (42,055)	\$ (13,987)	\$ (56,042)	\$ (40,576)		\$ (12,335)		\$ (52,911)
18. Medi-Cal Billing Review Results (Schedule 2)	\$ (1,666)	\$ (1,187)	\$ (2,853)	\$ (1,666)		\$ (1,187)		\$ (2,853)
19. Total Amount Due Clinic (State) (L 17+L 18)	\$ (43,721)	\$ (15,174)	\$ (58,895)	\$ (42,241)		\$ (13,522)		\$ (55,764)

Provider Legal Name				Fiscal Period		Provider Number (NPI)		Revisions
SOUTH OF MARKET HEALTH CENTER				APRIL 1, 2008 THROUGH MARCH 31, 2009		FHC11425F (1528143401)		2
Report References				Explanation of Revisions		As Audited	Increase (Decrease)	As Revised
Rev. No.	Reconciliation Review		Reconciliation Request					
	Schedule	Line	Worksheet	Line				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA								
1	1	1	1	1	Managed Care Medi-Cal Visits (Period 1)	374	(325)	49
1	1	1	1	1	Managed Care Medi-Cal Visits (Period 2)	115	(100)	15
1	8	1	8	8	Medi-Cal (Code 18) Payments (Period 1)	\$0	\$3,778	\$3,778
1	8	1	8	8	Medi-Cal (Code 18) Payments (Period 2)	0	1,178	1,178
To adjust Medi-Cal Settlement Data to agree with the following ACS Paid Claims Summary Report: Run On: 6/27/2012 Payment Period: 4/1/2008 through 6/27/2012 Service Period: 4/1/2008 through 3/31/2009 42 CFR, Sections 413.20, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-1, Sections 2304 and 2408.3								